DEPARTMENT OF THE INTERIOR

MINERALS MANAGEMENT SERVICE MANUAL

Transmittal Sheet

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Subject: Administrative Series
Part 485 Safety and Environmental Health Management Program
Chapter 6 Automated External Defibrillator--Handbook

EXPLANATION OF MATERIAL TRANSMITTED:

This release establishes a new directive and handbook regarding policy, responsibilities, and procedures for Automated External Defibrillators in the Minerals Management Service.

/s/

Director

FILING INSTRUCTIONS:

REMOVE:				INSERT:			
Part	Chapter	Pages	Release	Part	Chapter	Pages	Release
None				485	6	1-4	291
None				485.6-H			

OPR: Procurement and Support Services Division
Office of Administration and Budget

Effective Date:
Series: Administrative
Part 485: Safety and Environmental Health Management Program
Chapter 6: Automated External Defibrillator Program

Originating Office: Procurement and Support Services Division, Office of Administration and Budget

1. Purpose. This chapter provides policy and responsibilities for the use of Automated External Defibrillators (AEDs) at Minerals Management Service (MMS) facilities.
Note: This Program does not replace prompt immediate activation of the site Comprehensive Occupant Emergency Plan or the local 911/Emergency Management Services (EMS) system.

2. Authorities.

A. Public Health Improvement Act, Public Law 106-505 (November 13, 2000).

B. Code of Federal Regulations (CFR) Title 21, Prescription Devices (21 CFR 801.109).

C. Code of Federal Regulations (CFR) Title 21, DC-Defibrillator (21 CFR 870.5300).

D. Code of Federal Regulations (CFR) Title 29, Bloodborne Pathogen Standard (29 CFR 1910.1030).

E. Guidelines for Public Access Defibrillation Programs in Federal Facilities, Cardiac Survival Act (Federal Register: May 23, 2001 (Volume 66, Number 100) (Notices) (Pages 28495-28511).

F. Individual state AED legislation (Good Samaritan Laws).

G. American Heart Association's International Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Guidelines.

H. Americans with Disabilities Act (ADA), Accessibility Guidelines for Buildings and Facilities (4.4.1 Accessible Elements and Spaces: Scope and Technical Requirements, Protruding Objects, General).

3. Definitions/Acronyms/Abbreviations.

A. AED (Automated External Defibrillator). A medical device that analyzes the heart's electrical rhythm. It indicates when an electrical shock should be delivered to a victim of sudden cardiac arrest. This shock can reestablish an effective heart rhythm.

B. AED Program. A Public Access Defibrillation Program at MMS facilities.

C. EMS. Emergency Medical Service.

D. Lay Responder. A voluntary response team member trained in CPR and AED use. They are covered under state Good Samaritan Laws and the Public Health Improvement Act, Public Law 106-505 (November 13, 2000).

E. Occupant Emergency Plan. Establishes procedures for safeguarding lives and property in and around a facility during emergencies.

F. Public Access to Defibrillation (PAD). The availability of AEDs in public places where people gather or work.

G. Sudden Cardiac Arrest (SCA). An SCA and heart attack are similar but different. An SCA is triggered by a malfunction of the heart's electrical system that causes the heart's pumping function to abruptly cease. In a heart attack, the blood flowing through the heart is temporarily blocked.

H. Designated Official. The highest ranking MMS official in the facility or, alternatively, a designee selected by mutual agreement of occupant agency officials.

4. Policy. The MMS will establish an AED Program that provides safety and health benefits for all employees. This Program will comply with all Federal, state, and local laws and regulations.

A. All MMS facilities may have an AED Program. The Designated Official shall decide whether or not to implement a Program.

B. The MMS will provide Program implementation guidelines on:

(1) Determining whether an AED Program is needed.

(2) Programming requirements.

(3) Selecting, purchasing, and placing AEDs.

(4) Training employees to use AEDs.

(5) Reporting and recording procedures.

C. The MMS will provide AED and CPR training for volunteer employees. Only certified responders shall use an MMS AED.

5. Responsibility.

A. The Designated Official is responsible for determining if an AED Program is appropriate for the particular facility. The Designated Official is also responsible for implementing and ensuring that the AED Program, including the AED Protocol and response order elements, is included in the Occupant Emergency Plan.

B. The Program Administrator is responsible for overseeing a specific facility AED Program once it is implemented. This includes verifying AED inspections, recordkeeping, selecting AED locations, and coordinating initial and refresher training. The Program Administrator is also responsible for reviewing state laws and AED Program procedures, notifying local EMS that they are implementing an AED Program, and ensuring that a trained backup is available during the Program Administrator's absence.

C. Lay Responders are part of a volunteer AED response team. This team is trained and certified in CPR and in the appropriate use of AEDs. They are responsible for responding expeditiously to a possible SCA victim within the workplace, deploying the AED, and administering CPR and appropriate resuscitative efforts until the local EMS providers arrive on the scene and assume responsibility. Lay Responders are not intended to replace the local EMS providers.

D. Device Inspectors are responsible for inspecting AEDs each workday and creating inspection records. These inspection records must be readily available for verification by the Program Administrator.

E. The Bureau Safety Manager is responsible for overseeing and reviewing, at least annually or as appropriate, all MMS AED Programs, including auditing of the systems and recordkeeping.

F. The Medical Director is legally responsible for the emergency care providers' performance, prescribing the AED, giving final program approval, and providing the medical direction and oversight for the AED Program. The Medical Director is also responsible for reviewing recorded AED data whenever it is used and reviewing the event with the Lay Responder(s). Note: Most AED manufacturers, authorized dealers, and Federal agencies that provide AED programs offer the services of a licensed physician. The physician writes the AED prescription and oversees the Program as the Medical Director. This option should be used if it is available. If this option is not available, a local physician shall perform the duties of the Medical Director.

6. Requirements.

A. The Food and Drug Administration (FDA) classifies AEDs as Class III medical devices (21 CFR 870.5300). Federal law (21 CFR 801.109) restricts the sale of this device without a physician's prescription.

B. Any time an AED is used, the Lay Responder(s) shall complete the AED Use Report. (See chapter 4, appendix A.) Copies must be sent to the Medical Director, the Bureau Safety

Manager, and the Designated Official. The Program Administrator will retain the original report. The report must be completed and sent within 24 hours of use.

C. The Bureau Safety Manager shall notify the FDA if the AED fails to operate properly (FDA Form 3500A).

D. Device Inspectors shall follow the manufacturer's guidelines for the periodic inspection and inventory of AEDs and accessories.